

Transportation & Mileage Reimbursement Form

Process for accessing the Transportation Allowance: This form must be submitted with documentation verifying the mileage that was traveled (Mapquest/Google Maps directions). Current schedules (for example class itineraries or the training facilities' schedule) must be on file for the verification of attendance and accuracy of the transportation request. If the commuting days do not conform to the schedule, they cannot be reimbursed.

Employment and Training
550 S. 16th Street
Lincoln, NE 68508

NOTE: Any absence or deviation from normal class schedule must be documented and attached to this form before reimbursement can be made. The transportation forms are to be submitted for reimbursement on a monthly basis.

The form may not be altered in any way. If a form is lost, you must request a new one. Transportation forms are available at Nebraska Department of Labor job centers.

Participant Information

Fields marked with an asterisk (*) are required.

*Name (Last, First): _____
*Address: _____
*City: _____ *State: _____ *Zip Code: _____
Phone Number: _____ Message Phone: _____

Travel Information

Enter the following information for each session of travel. Attach additional sheets as needed.

Location 1

Starting Point (Full Address): _____
Destination (Full Address): _____
Time period: _____ to _____ Days of the Week Traveled: Su M Tu W Th F Sa
Type of Trip: One-Way Round Trip Total miles traveled per trip: _____ Number of Trips: _____
Total Miles (rounded to nearest 1/10 mile): _____ Mileage Rate (\$/mile): _____
Reimbursement Calculated: _____ Absences? Yes No _____

Location 2

Starting Point (Full Address): _____
Destination (Full Address): _____
Time period: _____ to _____ Days of the Week Traveled: Su M Tu W Th F Sa
Type of Trip: One-Way Round Trip Total miles traveled per trip: _____ Number of Trips: _____
Total Miles (rounded to nearest 1/10 mile): _____ Mileage Rate (\$/mile): _____
Reimbursement Calculated: _____ Absences? Yes No _____

For Trade Program only: Reimbursements will be up to 1/2 the CONUS rate or the amount below, whichever is less.

Total reimbursement for all sessions: _____

Travel Information

Enter the following information for each session of travel. Attach additional sheets as needed.

Location 3

Starting Point (Full Address): _____

Destination (Full Address): _____

Time period: _____ to _____ Days of the Week Traveled: Su M Tu W Th F Sa

Type of Trip: One-Way Round Trip Total miles traveled per trip: _____ Number of Trips: _____

Total Miles (rounded to nearest 1/10 mile): _____ Mileage Rate (\$/mile): _____

Reimbursement Calculated: _____ Absences? Yes No _____

Location 4

Starting Point (Full Address): _____

Destination (Full Address): _____

Time period: _____ to _____ Days of the Week Traveled: Su M Tu W Th F Sa

Type of Trip: One-Way Round Trip Total miles traveled per trip: _____ Number of Trips: _____

Total Miles (rounded to nearest 1/10 mile): _____ Mileage Rate (\$/mile): _____

Reimbursement Calculated: _____ Absences? Yes No _____

Location 5

Starting Point (Full Address): _____

Destination (Full Address): _____

Time period: _____ to _____ Days of the Week Traveled: Su M Tu W Th F Sa

Type of Trip: One-Way Round Trip Total miles traveled per trip: _____ Number of Trips: _____

Total Miles (rounded to nearest 1/10 mile): _____ Mileage Rate (\$/mile): _____

Reimbursement Calculated: _____ Absences? Yes No _____

Location 6

Starting Point (Full Address): _____

Destination (Full Address): _____

Time period: _____ to _____ Days of the Week Traveled: Su M Tu W Th F Sa

Type of Trip: One-Way Round Trip Total miles traveled per trip: _____ Number of Trips: _____

Total Miles (rounded to nearest 1/10 mile): _____ Mileage Rate (\$/mile): _____

Reimbursement Calculated: _____ Absences? Yes No _____